Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Address: | 14615 E. CR 200 S. |
|---|---|
| | Columbus, IN 47201 |
| | |
| Seizure Location (c | |
| ☐ Residence ☐ Outbuilding ☑ Vehicle | ☐ Hotel/Motel☐ Open – No Structure☐ Other: |
| | |
| ☐ Ephedrine ☐ Retail/Me | e Information e/Pseudoephedrine Tracking Logerchant Tip aling anhydrous amm. cation: |
| Fax: N/A Fax: (812)3 Fax: Unknot uphetamine laboratory, co Phone (812)522-144 | own ontact |
| | Seizure Location (o Residence Outbuilding Vehicle an air. etc) Investigative Ephedrine Retail/Me Other:ste: gencies that serve the Ic Fax: N/A Fax: (812)3 Fax: Unknown |

^{**} This firm is to be faxed to the Pire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.